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FACSIMILE COVER SHEET

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DATE: October 27, 2003

TO: Examiner Michael Safavi
Group Art Unit 3673

FAX #: 703-872-9327

PHONE #: 703-308-2168

Application No.: 09/862,905
Applicant: KASNER et al.
Due Date: November 14, 2003


OUR REF.: 1915.14US03

FROM: Wm. Larry Alexander
PHONE #: (612) 349-5757

Attached please find the following document for filing in the above-identified patent application:

- 1) RCE Transmittal; and
- 2) Petition for Extension of Time for One Month.

Sincerely,


Wm. Larry Alexander
Reg. No. 37,269

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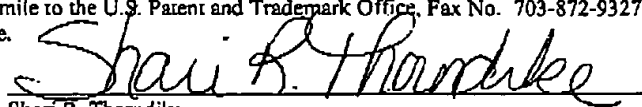
OCT 27 2003

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9327 on the date shown below thereby constituting filing of same.

October 27, 2003
Date


Shari R. Thorndike

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#12
RCE Request
10/29/03

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Attorney Docket No. 1915.14US03

REQUEST FOR CONTINUED EXAMINATION
 (RCE) TRANSMITTAL

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OCT 27 2003

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 09/862,905, filed May 22, 2001 for: RIDGE CAP TYPE ROOF VENTILATOR, by: Gary Kasner, Mark Stoll and Richard Morris.

1. Submission required under 37 C.F.R. § 1.114
 - a. ☒ Previously submitted
 - ☒ Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on September 15, 2003 in said prior application.
 - ☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on _____
 - ☒ Other Petition for One Month Extension of Time
 - b. ☐ Enclosed
 - ☐ A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.
 - ☐ Affidavit(s)/Declaration(s)
 - ☐ Information Disclosure Statement (IDS)
 - ☐ Other _____
2. ☒ The filing fee is calculated below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	24	- [4]**	= 0	x 9	\$		x 18	\$0
Indep.	2	- [3]***	= 0	x 43	\$		x 86	\$0
RCE fee				+ 385	\$		+ 770	\$770
Mult. Dep.			=	+ 145	\$		+ 290	\$0
TOTAL					\$	OR	TOTAL	\$770

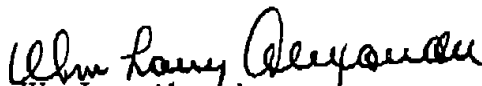
☐ First Presentation of Multiple Dependent Claim [MDC]

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

RCE of U.S. Application No. 09/862,905
Filed May 22, 2001

3. [X] The Commissioner is hereby authorized to charge the Deposit Account No. 16-0631 for the total amount of \$880.00 (for RCE filing fee (\$770) and one month extension of time fee (\$110)).

Respectfully submitted,

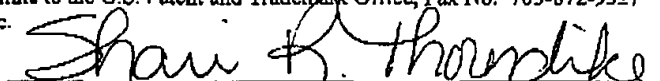

Wm. Larry Alexander
Registration No. 37,269

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

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